Winter 2007/2008
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CPHA•ACSP *health digest*
CANADA'S PUBLIC HEALTH LEADER
LE LEADER CANADIEN EN SANTE PUBLIQUE

A Century of Public Health Leadership 1910-2010

The Canadian Public Health Association 1910-2010

A century of public health leadership

The Canadian Public Health Association (CPHA) was founded in 1910 by a group of doctors who identified the need to strengthen communicable disease control and prevention, as smallpox and typhoid fever were rampant at that time. The Association – constituted through an Act of Parliament two years later – held its first official meeting in the Parliament Buildings in Ottawa in 1910. The *Canadian Journal of Public Health*, the country's only peer-reviewed scientific journal dedicated to public health, made its debut as the official publication of CPHA that same year under the title *The Public Health Journal*.

Since 1900, the average life expectancy for North Americans has increased by about 30 years. Over 25 of the 30 years can be accredited to public health initiatives, while medical advances account for less than four years.

- B.J. Turnock, Public Health: What it is and How it Works

In its early years, CPHA was instrumental in promoting school-based health services as a means of preventing and controlling the spread of communicable diseases. In 1917, the Association hosted the first symposium on national health insurance. In the 1930s, the Association played a key role in the decision by the Government of Canada to establish a federal Department of Health. Over the years, CPHA has continued to influence health sector policy and institutions, most recently advocating for the creation of the Public Health Agency of Canada and the appointment of Canada's first Chief Public Health Officer.

The 100th anniversary of the founding of CPHA will be acknowledged and celebrated through initiatives that:

- raise awareness of the contribution CPHA has made to the strengthening of public health in Canada and around the world
- increase understanding of public health milestones over the past century and their significance.

The Centennial Conference

Plans are already underway for centenary celebrations which will include CPHA's 100th Annual Conference to be held at the Sheraton Centre Toronto Hotel from June 10-16, 2010. There have been seminal moments in the history of public health in Canada that have proven to be true turning points. Some of these achievements include:

- immunizations
- motor-vehicle safety
- workplace safety
- surveillance and control of infectious diseases
- declines in deaths from heart disease and stroke
- safer and healthier foods
- healthier mothers and babies
- family planning
- fluoridation of drinking water
- tobacco as a health hazard
- literacy and health.

The 2010 Conference will address the past achievements, current challenges and future directions for public health as the Association enters its second century of service.

...see Centenary, page 3

Public Health in Canada:
Reducing Health Inequalities
Through Evidence and Action

La santé publique au Canada :
Vers une réduction des inégalités
en santé par la recherche et l'action

www.cpha.ca

Canadian Public Health Association
2008 Annual Conference
1-4 June 2008
World Trade and Convention Centre
Halifax, Nova Scotia

In partnership with the Canadian Institute for Health Information – Canadian Population Health Initiative, the Canadian Institutes of Health Research – Institute of Population and Public Health, the National Collaborating Centres for Public Health and the Public Health Agency of Canada.

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Mission Statement

The Canadian Public Health Association is a national, independent, not-for-profit, voluntary association representing public health in Canada with links to the international public health community. CPHA's members believe in universal and equitable access to the basic conditions which are necessary to achieve health for all Canadians.

CPHA's mission is to constitute a special national resource in Canada that advocates for the improvement and maintenance of personal and community health according to the public health principles of disease prevention, health promotion and protection and healthy public policy.

MESSAGE FROM RON DE BURGER, CHAIR, CPHA and DEBRA LYNKOWSKI, CEO, CPHA

Program changes and future directions

The year 2008 will bring significant programming changes for CPHA.

In early fall 2007, CPHA was notified that our proposal for the ongoing operations of the **Canadian HIV/AIDS Information Centre** was not approved for funding. As such, the Information Centre's activities will cease effective March 31, 2008. By way of background, in 2006 the HIV/AIDS Division of the Public Health Agency of Canada (PHAC) developed a new model for HIV/AIDS knowledge exchange activities which called for a single "knowledge exchange broker" to be established and funded. The successful proposal, submitted by the Canadian AIDS Treatment Information Exchange (CATIE), was deemed by the review committee to respond most closely to PHAC's vision of the knowledge exchange model.

In November 2007, we learned of another significant program change. As was recently reported in the mainstream news media, the **Canadian Health Network (CHN)** will also cease operations effective March 31, 2008. The CHN is a national, bilingual health promotion program designed to provide Canadians with timely, accurate information on how to stay healthy and prevent disease. CHN offers links to more than 20,000 Canadian English- and French-language web-based, quality-assessed resources; in-depth information on 25 key health topics and population groups; and a fortnightly e-newsletter distributed to 72,000 subscribers. The CHN does this through a unique network of health information providers including PHAC, Health Canada and national and provincial/territorial non-profit organizations, as well as universities, hospitals, libraries and community organizations. CPHA is the Affiliate for two subject areas: HIV/AIDS and Substance Use/Addictions. We have been advised by PHAC that the closure is the result of a Grants and Contributions program reduction exercise mandated to identify $16.7 million in current and ongoing savings to the federal government.

How will this impact service in the community?

Canadians will continue to have access to high-quality information on HIV and AIDS. CATIE will lead the creation of the first National Network for Excellence in HIV/AIDS Knowledge Exchange. CATIE will act as a Knowledge Exchange broker to support the efforts of front-line organizations to increase prevention efforts, decrease transmission and generally improve the quality of life for people with HIV/AIDS. Having worked closely with CATIE over the years, we are confident they will continue to meet the needs of individuals and communities responding to, and affected by, HIV and AIDS.

The future of CHN is less clear. PHAC has stated that it wants to continue to build on the vision of the CHN to provide Canadians with practical, timely and quality-assured information. The Agency has publicly stated that it will continue to look for effective and innovative ways to provide Canadians with high-quality, credible health information through means including the Agency's own Web site, as well as links to other health-related Web sites.

How will this impact CPHA?

As with any unanticipated change, there will be challenges. First, several of our staff are directly affected. We have built an outstanding team over the past several years,

...see Future Directions, page 4

Canadian Public Health Association 2008 Awards

Each year the Canadian Public Health Association has the opportunity to recognize individuals/groups and/or organizations that have made a significant contribution in the area of public health. This year's nominations should be submitted following the guidelines and forms provided on the CPHA website at www.cpha.ca and forwarded to the CPHA Awards Committee no later than February 28, 2008. Nominations received after this date cannot be considered for the 2008 awards. Nominations will be reviewed by the Awards Committee and Awards will be presented during the CPHA Annual Conference in Halifax, Nova Scotia, in June 2008.

Who Can Nominate/Be Nominated

1. All CPHA members and CPHA Provincial/Territorial Public Health Association members (hereinafter referred to as "Nominators"), are encouraged to nominate persons/groups who they feel are eligible to receive an award.
2. Individuals/groups may be nominated for more than one award in any given year. However, separate nomination forms must be completed for each award for which the person/group is nominated.

Nominees are invited for the following prestigious awards:

- R.D. Defries Award
- Honorary Life Membership
- Ron Draper Health Promotion Award
- Certificate of Merit
- CPHA International Award
- Dr. John Hastings Student Award
- Public Health Agency of Canada/Canadian Public Health Association Health Human Resources Awards

CPHA National Public Health Hero

In addition to these awards, CPHA in partnership with the Canadian Institute for Health Information - Canadian Population Health Initiative, the Canadian Institutes of Health Research-Institute of Population and Public Health, and the Public Health Agency of Canada, is pleased to announce the Call for Nominations for the CPHA National Public Health Hero Award 2008. The award will also be presented at CPHA's 2008 Annual Conference in Halifax, Nova Scotia, in June 2008.

The CPHA National Public Health Hero Award was created to broaden awareness and understanding of public health by recognizing members of the Canadian public for their significant contributions and exceptional commitment to promoting and protecting the health of Canadians.

The first CPHA National Public Health Hero Award was presented in September 2005 to André Picard, the public health reporter at The Globe and Mail. Subsequent award winners include former Vancouver Mayors Phillip Owen and Senator Larry Campbell (2006) and Heather Crowe (posthumous, 2007).

Eligibility

This award is meant to recognize an individual in a community of any size and composition from across the country, whose efforts have resulted in a positive difference for the public's health at the national level. Therefore, the criteria for nominations for the CPHA National Public Health Hero Award are fairly broad.

A nominee must be an individual who has demonstrated leadership, originality, perseverance and commitment to the health of the public and has contributed to the health and well-being of the community:

a) from outside of his or her scope of work or practice (i.e., public health is not his or her profession), or
b) as a student, who has made an outstanding effort in the area of public health as part of his or her school or extra-curricular activities.

For more information on the 2008 CPHA Awards program, visit the CPHA website at www.cpha.ca ♣

Centenary, from page 1...

Membership Involvement

A Centenary Steering Committee, chaired by former CPHA CEO Gerry Dafoe, is currently being established to guide the year-long festivities. There will be, however, many opportunities for public health professionals, professors and researchers in universities and colleges, Aboriginal community representatives, government workers, policy-makers and individuals interested in issues that affect community and public health to be part of the celebrations. Over the coming months, CPHA members will be asked to share the memories, photos and stories of how public health has impacted your communities: locally, provincially, nationally and internationally.

Additional information about Centenary events will be published in future numbers of the *CPHA Health Digest*, or you can email centenary@cpha.ca. ♣

Immunization Updates

National Immunization Awareness Week – 20-26 April 2008
www.immunize.cpha.ca

Canadian Immunization Conference
November 30 – December 3, 2008 in Toronto, Ontario

Adult Immunization Record available from CPHA
This pamphlet includes a list of commonly recommended vaccines for adults and a clip-off record to keep track of individual immunization. Developed by the Canadian Coalition for Immunization Awareness & Promotion 2007. English or French.
Free + shipping Order# 3-1BK01436

National Vaccine Storage and Handling Guidelines for Immunization Providers (2007)
Now available to download (106 Pages - 1.12 MB)
www.phac-aspc.gc.ca/publicat/2007/nvshglp-ldemv/index-eng.php

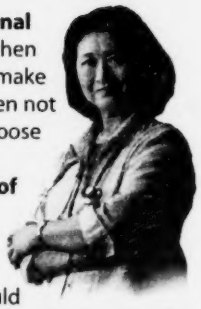
The Canadian Health Network looks at the top reasons to get tested for HIV

Of the 58,000 Canadians living with HIV, 27% are unaware they are infected. Many people don't know they have it because specific symptoms may not appear for years. When they are first infected, some people will have noticeable flu-like symptoms, but others will have no symptoms at all.

The HIV/AIDS and Substance Use/Addictions Affiliate to the Canadian Health Network (CHN) has produced an article entitled *"Stop the rise in HIV: top reasons to get tested"*, which underlines the importance of getting tested for HIV. In it, we explore who is at risk, testing options in Canada and how testing is done.

Not everyone is at risk for HIV infection, but if there are any concerns that infection might have occurred, the only way to be sure is to get tested. Here are the top reasons to get tested:

1. **If a person is sexually active:** Some sexual activities have no risk, while others have a high risk. Unprotected sex where there is an exchange of bodily fluids and/or blood should always be considered a risk.
2. **If a person has injected drugs:** Sharing a needle to inject drugs puts a person at risk. HIV-infected blood remaining on a needle can be transferred to another person using the same needle.
3. **If a person uses alcohol or recreational drugs:** People sometimes take risks when they drink or use drugs, and may not make the same decisions as they would when not intoxicated. For example, they may choose to have unprotected sex.
4. **If a woman is pregnant or thinking of having a baby:** HIV transmission during pregnancy, delivery or breastfeeding is **highly preventable** and no opportunity to prevent it should be missed. The Public Health Agency of Canada recommends that all pregnant women be offered confidential HIV testing and counseling as part of routine prenatal care.



Getting tested is more important than ever. The sooner people find out they are HIV positive, the sooner they can:

- get the counseling and critical information they need
- find out about their treatment options
- if they are pregnant, receive the medical support they need.

With improved treatment options, people infected with HIV are now living much longer. It has become a chronic disease that can be managed by antiretroviral medications and other therapies.

If you would like to read the complete article, please visit the CHN Website at www.canadian-health-network.ca and enter the Search words: ***stop rise hiv***.

Future Directions, from page 2...

so their departure will certainly be felt. Also, as discussed previously with members, these changes have reinforced the need to continue to move forward with the implementation of the strategic plan approved by the Board in early 2007. There has been a lot of work done by both the Board and the staff in recent years focusing on how to transform the way we do business in a way that makes us stronger, more financially resilient, increasingly relevant and *the* authoritative voice for public health. These unanticipated program changes have simply renewed our commitment and confirmed that some changes must be made sooner rather than later.

As is the norm for CPHA, we are focusing now on the opportunities that lie ahead.

To begin, PHAC has provided CPHA with funding to undertake a strategic planning exercise to help CPHA further identify its role in the area of HIV/AIDS vis à vis the public health sector. In early 2008, CPHA will undertake a consultation process to engage frontline public health professionals to determine what programs and services will be most effective in assisting their efforts. CPHA has been a key national voice in HIV/AIDS for the past 20 years and we will continue to be a leader in bringing the public health approach to the Canadian response to HIV/AIDS.

We are also excited by the potential to expand the expertise that we have developed in information management and service delivery to other subject areas such as environmental health, health literacy, and infectious disease control. In March 2005, CPHA commissioned a report on the need for a central repository for public health information in Canada. Key stakeholder interviews conducted as part of the research for the report confirmed that CPHA is seen as a *"valued and credible source of public health information for professionals and the public"*. It further verified that a *"public health information service needs to offer the public health opinion, the latest developments, and best practice guidelines."* We know that CPHA is uniquely positioned to play this role and, in the next several months, we will be exploring new models of partnership to ensure the long-term sustainability of our activities in these areas. Our goal is to ensure that high-quality, evidence-based, independent public health information is easily accessible to public health professionals and health information consumers in Canada.

We will continue to keep you apprised of developments as they unfold. In the meantime, if you would like further information about the specific program changes discussed, please contact Ian Culbert at 1-877-999-7740 ext. 142 or at iculbert@cpha.ca

STUDENT *Corner*

Students across Canada interested in becoming involved in addressing public health concerns in their communities and abroad have several exciting opportunities.

Join your public health professional organizations.
Become a student member. Examples include:

- Canadian Public Health Association
  http://www.cpha.ca/en/default.aspx
- Provincial Public Health Association
  http://www.cpha.ca/en/about/provincial-associations.aspx
- Canadian Society for Epidemiology and Biostatistics
  http://www.cseb.ca/
- Society for Epidemiologic Research
  http://www.epiresearch.org/
- Canadian Society for International Health *http://www.csih.org/en/index.asp*

All offer excellent opportunities to become involved in addressing public health concerns and in developing research skills and projects for your degree program. A number of them have mentorship programs that can help students develop skills and practical experience for their public health careers. Many have a section of their website with links to other organizations.

Increasing access to essential medicines/technologies
Universities Allied for Essential Medicines (UAEM) *http://www.essentialmedicine.org/*
Student-led chapters are working to ensure that universities commit to ensuring access to essential medicines around the world. The chapter at the University of British Columbia (UBC) has successfully encouraged its university to adopt principles to increase global access to UBC technologies. The group's ideas have influenced licensing agreements to include global access terms. The chapter is also initiating a fund for neglected diseases research at UBC.

Raising awareness about public health in Canada
The Association of Faculties of Medicine of Canada (AFMC) has initiated the start of twelve new student-led public health interest groups across Canada. The membership includes medical students, community medicine residents, midwifery students, nursing students and students from other health disciplines. The objectives of the groups are to: 1) raise awareness of pubic health; 2) increase knowledge of the concepts and issues in public health; and 3) foster integration of public health concepts across all disciplines. Contact Barbie Shore, Project Manager at AFMC, at *http://www.afmc.ca/contact-e.php*

Institute of Population and Public Health Student's Corner
http://www.cihr-irsc.gc.ca/e/32428.html
This is an excellent resource for students, especially if you are looking for opportunities for an MPH/public health internship, field experience, or a practicum. Includes sections on career awards, training opportunities, networking and capacity building, and funding opportunities.

Azar Mehrabadi, PhD Student, Department of Health Care and Epidemiology, Faculty of Medicine, University of British Columbia
Kim Belzberg, MPH student, Division of Epidemiology, School of Public Health, University of Minnesota

Coming *events*

2008 Young Investigators Forum
Canadian Institutes of Health Research's Institute of Circulatory and Respiratory Health
8-10 May 2008 Montréal, QC
Contact: Katherine Gardner
Institute of Circulatory and Respiratory Health
Tel: 613-941-0086 Fax: 613-954-1800
E-mail: kgardner@cihr-irsc.gc.ca
Website: http://www.cihr.gc.ca/e/8663.html

2nd National Community Health Nurses Conference
Shaping the Future: Practice, Power, Politics
Community Health Nurses Initiative Group and Community Health Nurses Association of Canada
29-31 May 2008 Toronto, ON
Contact: First Stage Enterprises
Tel: 416-426-7029
www.chnac.ca and www.chnig.org

Canadian Public Health Association
2008 Annual Conference
Public Health in Canada: Reducing Health Inequalities Through Evidence and Action
1-4 June 2008 Halifax, NS
Contact: CPHA Conference Services
E-mail: conference@cpha.ca www.cpha.ca

5th World Conference on Breast Cancer
Heart, Soul, & Science: "It's a Small World After All"
4-8 June 2008 Winnipeg, MB
Contact: Tel: 204-480-4588
E-mail: mail@wcbcf.ca www.wcbcf.ca

18th World Conference on Disaster Management
Resiliency – Individual, Community, Business
The Canadian Centre for Emergency Preparedness
15-18 June 2008 Toronto, ON
Contact: www.wcdm.org

International Nursing Research Conference
Facing the Challenge of Health Care Systems in Transition
29 June-3 July 2008 Jerusalem, Israel
Contact: Diesenhaus Unitours – Convention Department
Tel: 972-3-5651313 Fax: 972-3-5610152
E-mail: meetings@diesenhaus.com
www.d-convention.com/israelnursing

Beyond the Horizon
74th Annual Educational Conference of the Canadian Institute of Public Health Inspectors
20-23 July 2008 St. John's, NL
Contact: www.ciphi.ca/events.htm

Chronic Disease Prevention Alliance of Canada
3rd National Conference
24-26 November 2008 Ottawa, ON
Contact: www.cdpac.ca

29th ICOH, International Congress on Occupational Health
Occupational Health: A Basic Right at Work – An Asset to Society
22-27 March 2009 Cape Town, South Africa
Contact: Congress Secretariat
E-mail: admin@icoh2009.co.za
www.icoh2009.co.za

Mental Health Commission of Canada survey

The Mental Health Commission of Canada Knowledge Exchange Centre initiative is interested in your advice and support. The Commission is conducting a survey to advise them with respect to the creation of the Knowledge Exchange Centre. The survey will assist the Commission in identifying good, promising and best practices in mental health knowledge exchange.

The Commission's definition of knowledge exchange is "the engagement of people living with mental illness and their families, as well as the public, service providers, decision makers, and researchers in obtaining, sharing and utilizing information, knowledge and skills to improve health outcomes based on evidence, experience, promising practices or policies".

To date, the Commission has collected information about more than 600 mental health focused websites in Canada and internationally. They have also reviewed all available published literature from key research journals.

The Commission wants to ensure that they do not miss other sources of knowledge exchange initiatives that you may be aware of. If you know of a good practice that you would like to share, please complete the survey found at: http://www.mentalhealthcommission.ca/survey. ♣

National Symposium on Health Literacy

The Canadian Public Health Association (CPHA) and the National Collaborating Centre for Determinants of Health (NCCDH) sponsored a National Symposium on Health Literacy, January 9 and 10, 2008 in Ottawa.

To achieve the symposium's main goal of engaging key representatives of health and public health in the development of a pan-Canadian health literacy strategy, over 60 people from across the country came together to discuss and debate how we can become a world leader in population health literacy.

Participants concisely defined health literacy as "the skills required to enable access, understanding and use of information for health." Irving Rootman, Co-Chair of the CPHA's Expert Panel on Health Literacy, described the Panel's information gathering since 2006 and its key conclusions.

Donald Nutbeam, from the University of Sydney, Australia, explained why health literacy is a useful public health concept. He described progress in developing measures of health-related literacy and research linking poor health-related literacy with a range of clinical outcomes. Prof. Nutbeam noted that health literacy is fundamentally dependent upon levels of basic literacy and encouraged practitioners to incorporate more personal and community-based educational outreach and adult learning principles in health promotion.

Symposium participants defined seven strategic priorities for improving health literacy in Canada. These will be released in March 2008, along with A Vision for a Health Literate Canada, the report of the Expert Panel on Health Literacy. CPHA and NCCDH's National Symposium on Health Literacy helped create and foster linkages among researchers, policy makers and the health and public health communities, while raising awareness about the opportunities to raise health literacy and improve health outcomes in Canada. For further information about health literacy, the symposium and the Expert Panel's report, please visit www.cpha.ca. ♣

News from the Network on Healthy Eating

Health Canada is launching a new *"Healthy Eating Advertising Campaign"* designed to promote general healthy eating concepts and to encourage effective use of nutrition information on food labels. The campaign will run from mid-January to mid-March 2008 and will consist of television ads, web banner advertising on key sites, search engine keyword buys, and in-store advertising (shopping cart, shelf talker). It builds on the television ads that promoted the revised Canada's Food Guide. ♣

Canadian International Immunization Initiative Phase 2 (CIII-2)
CPHA Immunization Project - Technical Assistance and Awareness Components

Polio Immunization Plus Days in Nigeria

by Subadhra Rai,
CIII-2 Consultant, STOP 24, February to April 2007

Photo courtesy of Subadhra Rai

Subadhra and the other members of the immunization team for the SIPDs in Nigeria.

Giving A Little, Receiving Much – Volunteering for the Polio Programme in Nigeria

The oft saying that you get more in return than what you gave in holds true for me with regard to my involvement this year in the *Stop the Transmission of Polio* (STOP) programme through the Canadian Public Health Association (CPHA). For my first assignment, I was sent to Nigeria to work with the World Health Organization (WHO) in the polio eradication programme. It was an experience that will remain with me for many years to come. Before I left for Nigeria, I was provided with in-depth training on disease surveillance at the Centers for Disease Control and Prevention (CDC) by experts from the WHO and the CDC, and on intercultural sensitization through CPHA. For those of us who were first time STOPers, the intensive training offered us a glimpse of a multifaceted disease surveillance network.

My posting in Kano, Nigeria allowed me to observe first hand the challenges that health workers and others face in polio eradication work. I came to understand that polio eradication is more than just immunization,though the latter is a critical component. But polio eradication is also about building relationships with communities and educating them about the benefits of immunization. In short, polio eradication is about changing perceptions and understanding complex human relationships. It is also about comprehending how contradictions are perceived so that we can further develop awareness campaigns to address these contradictions.

It was interesting to observe how these perceptions and contradictions played out during the Sub-National Immunisation Plus Days (SIPDs) polio campaign in Kano between March 29 and April 1, 2007. Perceptions with regard to the polio vaccine manifested in a variety of human behaviours that could be categorized as either compliance or resistance. For example, positive perception to polio immunization led to compliance and allowed vaccinators to access children and parents, enabled vaccinators to move freely in the community, and elicited cooperation from leaders at various levels. On the other hand, resistance manifested as refusal of immunization and absence of households (and therefore children) during the campaign.

As I write this, I realize that the perceptions of vaccine safety that I had observed in Kano, Nigeria are not much different from what I experienced and saw in Edmonton, Canada when I worked as a Public Health Nurse (PHN) at a Travel Clinic. If parents did not believe in the benefit of immunizations and did not trust the quality of vaccines, the children did not receive them. I believe it is important to keep this in mind, especially those of us who are working in the field, because we are dealing with complex human relationships and perceptions. I personally have become more aware of how perceptions could affect the outcome of immunization work.

I have gained in other ways as well. My chance meeting with a Rotarian in Kano motivated me to become one myself. Rotary's ideals align with my worldview and I have my involvement in the STOP programme to thank for making this connection. The experience in Nigeria has been a wonderful journey, and there are a number of individuals who had a hand in bringing it about. Through the rotary president of Bompai, Kano and the chairperson of Rotary International, on my recent trip home to Singapore, I was able to give a presentation to Rotary Club Marina about the polio initiative and share

...see Nigeria, page 12

Moving ahead with strengthening public health capacity in the Balkans

L to R: Canadian consultants Sherryl Smith and Lynn Langille with CPHA's Public Health Project Officer, Sejdefa Sokolija, in the CPHA Sarajevo office/Partnership for Public Health Association office.

CPHA is currently supporting the work of three new Public Health Associations (PHA) in southeastern Europe through the project *Strengthening Balkans Civil Society's Voice for Public Health through Public Health Associations.* The Public Health Association of Serbia (PHAS), established in 2003, now boasts almost 700 members. In Bosnia & Herzegovina (BiH), two new associations were formed in May 2007: the Partnership for Public Health in the Federation of Bosnia & Herzegovina and the Public Health Association of Republika Srpska. These PHA are staffed by highly competent individuals who are passionate about public health in the region, and membership is growing as the public becomes more aware of the importance of a voice for the health of the public.

Two Canadian consultants, Lynn Langille and Sherryl Smith, recently spent some time in the region working with the staff and executive of the three PHA partners to support their work on tobacco control and cessation, and to begin to assess the training programs that could be offered by the PHA to help enhance the skills of public health practitioners. Lynn is a research consultant with the Atlantic Health Promotion Research Centre, based at Dalhousie University in Nova Scotia, with 15 years experience in the field of health promotion. Sherryl is an independent health promotion consultant with more than 30 years of experience in the field, including extensive experience in the area of tobacco control and cessation.

The three PHA chose to focus on tobacco as the priority public health issue, given the high rates of smoking in the region and the important health impacts of smoking. In the Federation of Bosnia & Herzegovina, the Partnership for Public Health is establishing a project to engage business students to develop a campaign to promote physical activity as a means of countering smoking. In the Republika Srpska, the Public Health Association is focusing on promoting smoking cessation at the University of Banja Luka. The Public Health Association of Serbia, as a follow-up to a pilot project conducted in 2005, is designing a national survey to assess smoking rates and smoking cessation relapse among pregnant and post-partum women. All three PHA are supporting the implementation of the repeat Global Youth Tobacco Survey, an important measure which will provide sound evidence to drive policy and programs in public health in the future.

The PHAS already conducted a public health training needs assessment for its members. The results indicate that the membership is very interested in health promotion and in interactive training methods. The Association is planning a Summer School in June 2008, to include training in health promotion principles and practices in the school curriculum.

A training needs survey has been developed for the two PHA in BiH in consultation with their staff and executive. Discussions indicated that evidence-based program development, community needs assessment, building multi-sectoral collaboration and partnerships and communicating with targeted audiences (e.g., the public, policy decision makers) were among the training topics of interest to the PHA members.

During their technical mission in November, Sherryl and Lynn attended an event that celebrated the conclusion of a series of highly successful "community health bazaars" held in and around the city of Pancevo, Serbia. The bazaars, organized in partnership with the local branch of the PHAS, were designed to encourage local communities to organize health promotion activities such as screening for risk factors related to cardiovascular disease and diabetes. Fifteen health bazaars were held between April and December 2007, with a high degree of involvement of local municipalities and voluntary associations. The concluding event was well attended and the level of excitement demonstrated the increasing interest in public health and health promotion in this region.

Public health is alive and well in the Republic of Serbia and in Bosnia & Herzegovina.

Scaling up Community Competence on HIV Prevention

Summary proceedings of a regional meeting held in Livingston, Zambia in October 2007

The Southern African AIDS Trust* (SAT) and Southern African AIDS Information and Dissemination Services (SAfAIDS) with support from UNAIDS organized a regional meeting with southern HIV and AIDS organizations to share experiences and lessons to scale up responses to HIV prevention. Key results from the 2006 Southern African Development Community (SADC) Prevention Think-Tank meeting in Maseru were presented and discussed. Issues of multiple concurrent partnerships, male circumcision, intergenerational sex and the role of men in HIV prevention were highlighted. The objectives of the meeting were to increase knowledge of the key drivers of the HIV epidemic in Southern Africa and to reflect on plans for how these increased prevention efforts can be followed up and influence policies and programs. The meeting had representatives from civil society organizations from regional, national and community levels from countries in the SADC region. Several presentations were made on the topical issues raised in the Maseru meeting and some of the salient points are discussed here.

Evidence shows that the existing prevention strategies have failed and there is consensus on the need to consider how to scale up and deliver interventions that have impact. There is evidence-based research to support the key drivers of HIV prevention such as multiple and concurrent partnerships by men and women with low consistent condom use, and in the context of low levels of male circumcision. Significant contributing drivers of the epidemic were identified: male attitudes and behaviours, intergenerational sex, gender and sexual violence, stigma, lack of openness in relationships, untreated viral sexually transmitted infections (STIs) and lack of consistent condom usage in long-term multiple and concurrent partnerships. Underlying these drivers are the social and structural factors such as high population mobility, inequalities of wealth, cultural factors and gender inequality that render young women especially vulnerable to HIV infection.

In southern Africa, intergenerational sexual relationships are relatively common and are mostly covert, quasi-condoned, sometimes encouraged and sometimes forced. With intergenerational sex, there is need to focus on empowerment and education for men and women at risk. There is need to raise awareness of HIV risks among intergenerational relationships and encourage safer sex practices; alert at-risk groups of the associated repercussions of intergenerational sex; and challenge values (economic prosperity, male machismo) that encourage intergenerational sexual practices.

Having multiple concurrent partners is common in several countries in southern Africa. Within generalized epidemics (wherein greater than 5% of the population are infected), this practice coupled with low condom use perpetuates HIV. Where HIV prevalence is high in the general population, most transmission occurs between stable discordant partners. There tends to be high infectivity in early infection when most people do not know their status, and also condom use tends to be lower in stable relationships. For multiple concurrent partnerships, there are gaps in interventions that address sex, sexuality and relationships between men and women. More emphasis needs to be placed on education and raising awareness on associated risks and encouraging safer sexual practices.

There is compelling evidence of the protective effect (about 60%) of male circumcision (MC) on STIs and HIV which has been demonstrated through observational, biological and clinical trials. Modeling has demonstrated that MC could avert millions of new HIV infections in east and southern Africa and would be highly cost-effective. Acceptability of MC in non-circumcision populations is already high and increasing, and safety is feasible. Offering MC allows an entry point to reach men, including adolescents, to provide wider sexual and reproductive health services, and can encourage men to reduce number of partners and increase consistent condom use. There is need to move forward discussion on how to roll out MC in combination with other prevention initiatives (condom use and volunteer counseling and testing).

Several discussions were held among the community-based organizations and they reflected that there is need for evidence-based and contextualized information to bring new ideas to community leaders and members. Behaviour issues are linked to socio-cultural issues and interventions should include community dialogue and participation, and involvement of traditional leaders. These interventions should be initiated at the community level. To implement the strategies discussed, there needs to be: increased openness to sex, sexuality and relationships; a review of existing prevention strategies contextualized with evidence; and a breakdown and simplification of information on MC. The working groups at the regional, national and community levels emphasized the need to have capacity to implement research at the grassroots level to contextualize interventions. The main recommendation of this workshop was to work with national and community organizations to align programs with the evidence.

* Previously a project of CPHA. Since 2003, SAT has become an independent southern NGO and CPHA's role has been to provide technical support.

Intersectoral Action for Health – Moving the reality forward in Brazil

by Jim Chauvin, Director, CPHA Global Health Program

A community leader in Sairé making a presentation about the town's Staying Healthy program for seniors.

I had the opportunity in mid-December to visit with CPHA's local partners for the Intersectoral Action for Health project in Brazil. This project, launched a year ago, will support the ongoing work of the National School of Public Health (ENSP/FIOCRUZ), the public health association of Brazil (ABRASCO) and university-based public health departments and municipal authorities in 6 locations around Brazil to enhance community-based initiatives to improve the health for all through an intersectoral approach to health promotion and sustainable community development. This CIDA-funded project will assist the local partners to analyze and document the process and achievements of their respective intersectoral action for health initiatives.

Helena Monteiro, the CPHA Project Coordinator resident in Brazil, accompanied me to meetings with colleagues at the ENSP and ABRASCO in Rio de Janeiro, as well as with colleagues in the Department of Public Health (NUSP) at the Federal University of Pernambuco in Recife. During these meetings, we had the opportunity to learn about plans for a new investment program for community development planned in Manguinhos, a low-income community of 60,000 inhabitants that surrounds the ENSP. We also had the opportunity to meet with residents and community groups in Sairé, a rural town of 20,000 people located about 120 kilometres west of Recife in the middle of large sugarcane estates.

In the former, ENSP has been working closely with community authorities and organizations to help improve access to the conditions that affect human health. The ENSP plans to expand its work with the community through a new "accelerated community growth initiative" announced by the Government of Brazil, that will be a major transformation in community infrastructure (health, social services, education and transport). In the latter, the community made a presentation about the achievements to date and challenges faced in introducing health promotion services into the community. A group of seniors and representatives from the town's public health services presented information about the "Staying Healthy" initiative being put in place. The challenge for all stakeholders is to put into place the mechanisms that will sustain these initiatives over the long term through locally-generated resources.

Helena and I also participated in a lively and productive meeting of the ENSP and NUSP teams that resulted in the preparation of a program and logistics plan for a workshop to be held in Recife in March 2008. This meeting will bring together representatives from the 6 project sites to share knowledge and experiences on intersectoral action for health initiatives. It will also be an opportunity to develop through a partnership consultation the work plan for the project's next twelve months of operation.

It is always very satisfying to see the reality of the projects that CPHA is involved in. They are not without their operational and programmatic challenges, but it is also evident that we are there to build on local skills, knowledge and action. Our Brazilian colleagues are demonstrating an innovative and participative means of improving access to the conditions that will have a long-term and positive impact on the health and well-being of people in particularly vulnerable situations.

Public Health Association of Nicaragua Newest SOPHA Partner

In December 2007, the Public Health Association of Nicaragua (The *Asociación Nicaragüense de Salud Pública* – ANSAP) became the newest partner of the Strengthening of Public Health Associations (SOPHA) Program. Current SOPHA Program partners include the Public Health Associations (PHAs) from Congo (Brazzaville), Haiti, Malawi, Mozambique, Niger and Nicaragua.

ANSAP will be working closely with the Public Health Association of Costa Rica (ACOSAP), a graduated SOPHA partner which continues to be involved in the program as a mentoring partner to the newer SOPHA partner associations. Violette Pedneault, Director of the SOPHA Program, and Maija Kagis, CPHA Member and Volunteer Technical Adviser to the SOPHA Program, visited the ANSAP in Nicaragua in November to learn more about the Association as well as to introduce the ANSAP members to CPHA and the SOPHA Program.

ANSAP was created in March 2002 by a group of professionals dedicated to improving public health in Nicaragua. The ANSAP now has 150 members and is headed by a 7-member Board of Directors. Since its creation, ANSAP has successfully launched three permanent committees for the Association, convened several public debates on different public health themes, published its first Association newsletter (March 2007) and launched its own website (www.ansap.org/index.html). It is anticipated that with the support of the SOPHA Program, the Association will grow further, particularly by setting up departmental sections and increasing its scientific and advocacy work.

The Board of Directors of ANSAP (from left to right): Carlos Saenz; Alba Luz Solorzano; Xiomara Telica (President); Margarita Guevara (Vice-president); Naxalia Zamora; Rosario Hernandez; Victor Mendez

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Update From the Public Health Association of Niger

The public health association of Niger (l'Association Nigérienne pour la Promotion de la Santé Publique - ANSP) is a very dynamic and spirited SOPHA partner. November was a very busy month for the ANSP's national executive. It hosted a CPHA monitoring mission and organized and delivered two workshops on **Financial Management** and **Planning, Monitoring and Evaluation** for its members and staff.

ANSP treasurers from the national and regional levels from across Niger came together in the capital Niamey to participate in the practical *financial management* workshop, held November 13-17, 2007. It was facilitated by Harouna Assouma, a senior accountant with the CCISD (*Centre de coopération internationale en santé et développement*), a Canadian NGO with an office in Niamey. Manjula Alles, SOPHA project officer, participated in the workshop and contributed with an introductory session on using excel for financial management.

Mme. Abdourahamane Fatou (ANSP/Arlit) and Mr. Abdoulaye Garba (ANSP/Niamey) working together on a computer exercise during the financial management workshop.

On November 20-24, 2007, another group of 12 ANSP members came to Niamey for a workshop on *Planning, Monitoring and Evaluation*. This was co-facilitated by Dr. Valéry Ridde, CPHA member and Public Health Researcher from the Université de Montreal, and Mr. Talba Abdoulahi Moussa, a management consultant.

The two workshops were a first step in ANSP's strategic plan to strengthen capacity of its national office and district branches to adopt sound financial practices and acquire solid project planning and management skills. ♣

Background: Mr. Assouma (Facilitator) helping Mr. Abdou Hassane (ANSP/Tahoua), Mr. Ousmane Abdou (ANSP/Konni).
Foreground: Mr. Dafane Weslamane (ANSP/Niamey) and Mr. Moutari Abdoul Madjid (ANSP/Agadez) working together on Excel spreadsheets.

Nigeria, from page 7

some of the challenges entailed in polio work in Kano, Nigeria. The CIII-2 team at CPHA made my journey to Nigeria possible. The continued support I received from them was wonderful.

I am again ready to do one more round of polio work in 2008. I will be going to Laos. It will be another adventure, and while it is not always easy, the STOP programme has allowed me to challenge myself, expand my work, and review my beliefs. I hope that in my own small way, I am making a difference and helping to leave the world a slightly better place! ♣

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